PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. DF01-001

First Inventor FULLER

METHOD AND SYSTEM FOR POPULATION

Title CLASSIFICATION

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. FK 429318666 US

APPLIC	ATION ELEMENTS	A	DDRESS TO:	Assistant Co	mmiss	sioner for Patents		
See MPEP chapter 600 concerning utility patent application contents.				Box Patent A Washington	Applica , DC 2	1110n 0231		
1. Fee Transmittal (Submit an original and	Form (e.g., PTO/SB/17) I a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or						
Applicant claims	small entity status.	۰	Computer Program (Appendix)					
See 37 CFR 1.2	700	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
3. Specification (preferred arrangement)	ent set forth below)	;	a. Computer Readable Form (CRF)					
- Descriptive tit	le of the invention		b. Specification Sequence Listing on:					
- Cross Referer - Statement Re	nce to Related Applications garding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or					
- Reference to :	sequence listing, a table.		🗖					
or a computer - Background o	program listing appendix		ii paper					
- Brief Summar	v of the Invention		c. Statements verifying identity of above copies					
 Brief Description 	 Brief Description of the Drawings (if filed) Detailed Description 			ACCOMPANYING APPLICATION PARTS				
- Claim(s)	Aiption		9. Assignment Pa		heet 8	k document(s))		
- Abstract of the	e Disclosure	1	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney					
4. V Drawing(s) (35	U.S.C. 113) [Total Sheets 7	, 1				☐ Attorney applicable)		
5. Oath or Declaration [Total Pages]			11. English Translation Document (if applicable) 12. Copies of IDS					
a. Newly exe	cuted (original or copy)	1	Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment					
Copy from	a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed)		Return Receipt Postcard (MPEP 503)					
i. DELE	(Should be specifically itemized)							
Signed st	I	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35					
6. Application Data Sheet. See 37 CFR 1.76			or its equivaler	nt.				
Tr Outer.						••••••		
18. If a CONTINUING APPL	ICATION, check appropriate box, and s	upply the i	requisite information bel	low and in a p	relimii	nary amendment,		
or in Application Data Street under 37 CFR 1.76:								
Of prior application No.:								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5h, is considered a part of the disclosure of the prior application, from which an oath or declaration is supplied under								
and the second delication a part	vi the disclosure of the accompanying con-	tiniiation oi	r divicional application a-			rated by reference.		
The incorporation can only be	e relied upon when a portion has been inad 19. CORRESPON	vertently or	mitted from the submitted	d application p	arts.			
	19. CORRESPON	NDENCE A	NUNKESS					
Customer Number or Bar (Code Label (Insert Customer No. or Attach	bar code labi	ef hare) or 🗸	Correspond	dence ad	idress below		
Name	Dr. Douglas Neal Fuller							
	P.O. Box 450936							
Address								
City	Atlanta	State	GA	Zip C	ode	31145-0936		
Country	US T	elephone	770-938-667			770-938-5168		
Name (Print/Type)	Dr. Douglas Neal Fuller	P	egistration No. /A4					
Signature (14 2) 2 (
Organiano	I TV	$\overline{\nu}$		Date	12	-15-01)		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

A

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

nd to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

379.00 (\$)

Complete if Known				
Application Number		ဂ္ဂျ		
Filing Date		a. G		
First Named Inventor	FULLER	O.		
Examiner Name		, 25		
Group Art Unit		Ö		
Attorney Docket No.	DF01-001	<i></i>		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to: Deposit	Large Small					
Account Number	Entity Entity Fee Fee Fee Fee Fee Description	Fee Paid				
Deposit	Code (\$) Code (\$)	· ee · aid				
Account Name	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status.	139 130 139 130 Non-English specification					
See 37 CFR 1.27	147 2,520 147 2,520 For filling a request for ex parte reexamination					
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to					
Check Credit card Order Other	Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after					
FEE CALCULATION	Examiner action					
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month					
Large Entity Small Entity	116 400 216 200 Extension for reply within second month					
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month					
101 740 201 370 Utility filing fee 370.00	118 1,440 218 720 Extension for reply within fourth month					
106 330 206 165 Design filling fee	128 1,960 228 980 Extension for reply within fifth month					
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal					
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal					
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing					
01770701 (1) [(2) 0770 00]	138 1,510 138 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 370.00	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES Fee from	141 1,280 241 640 Petition to revive - unintentional					
Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)					
Total Claims 21 -20** = 1 X 9.00 = 9.00	143 460 243 230 Design issue fee					
Claims	144 620 244 310 Plant issue fee					
Multiple Dependent 0.00 = 0.00	122 130 122 130 Petitions to the Commissioner					
Large Freite Country of	123 50 123 50 Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))					
109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 9.00	Other fee (specify)					
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					

SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) Dr. Douglaş Neal Fuller 770-938-6675 Telephone Name (Print/Type) Signature

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.